

CLAIMS ONLY				Application Number <div style="font-size: 1.2em; font-family: cursive;">10686789</div>		Filing Date	
				Applicant(s)			
<div style="display: flex; justify-content: space-between;"> 10-17-05 276-06 </div>				* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	2		2				
Total Depend	34		33				
Total Claims	36		35				
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